

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sharon	68903	0329/00
O.I.P.E. CLASSIFIER		8	4-300
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		61001	5/24/00 8/27/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7-22-00
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions
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